06466

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (In this place) 5 mo. 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 105 Seneca

3. NAME OF DECEASED (Type or Print) (First) Bruce (Middle) Frank (Last) Anderson
4. DATE OF DEATH (Month) 6/28 (Day) 52 (Year) 19

5. SEX M.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 1/23/52
9. AGE last birthday yrs. If under 1 year Months 5 Days 24 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Havre de Grace
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME E. Frank Anderson
14. MOTHER'S MAIDEN NAME Kay F. Arnold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS 105 Seneca St. Frank Anderson, Havre de Grace

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Oedema c̄ Convulsions	1 day
571.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Entero Enteritis —	2 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/26, 1952, to 6/28, 1952 that I last saw the deceased alive on 6/28, 1952, and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE Frank Adlbert (Degree or title) MD ADDRESS Havre de Grace Md DATE SIGNED 6/30/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/30/52
NAME OF CEMETERY OR CREMATORY Angel Hill
LOCATION (City, town, or county) Havre de Grace (State) Md.

DATE REC'D BY LOCAL REG. June 30-1952
REGISTRAR'S SIGNATURE A. L. Lewis M. D.
24. FUNERAL DIRECTOR Pennington & Son ADDRESS Havre de Grace

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-11

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JUL 1 1952
BUREAU V. S.

Coroner's Case for Dr. Richardson

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185 Jr.

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Mem. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Joppa
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) OWEN (Middle) VERNON (Last) Bennett
4. DATE OF DEATH (Month) June (Day) 21 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 6-24-1919
9. AGE last birthday 32 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffer
10b. KIND OF BUSINESS OR INDUSTRY Contractor
11. BIRTHPLACE (State or foreign country) W. Va
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Claude V. Bennett
14. MOTHER'S MAIDEN NAME Della F. Molisee
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 217-22-2697
17. INFORMANT AND ADDRESS Claude V. Bennett, Magnolia Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Respiratory failure	10 min
825.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Head Injury	2 hrs.
	(c) Fractured left humerus, and upper left ribs.	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Rte 7, N. of 04 Post Rd. School (CITY OR TOWN) Abingdon (COUNTY) Harford (STATE) Md.
TIME OF INJURY (Month) 6 (Day) 21 (Year) 1952 (Hour) 8:30 p.m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Car Accident

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 10:30 P.m., from the causes and on the date stated above.

SIGNATURE Charles Richardson Jr. (Degree or title) MD ADDRESS Asst coroner Harford Co DATE SIGNED 6/22/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 24 1952
NAME OF CEMETERY OR CREMATORY Bel Air Memorial garden
LOCATION (City, town, or county) Bel Air, Harford (State) Md
DATE REC'D BY LOCAL REG. June 26-1952
REGISTRAR'S SIGNATURE A. L. Lewis M. D.
24. FUNERAL DIRECTOR Howard K. McCormick Jr. ADDRESS Abingdon Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 27 1952
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace — LENGTH OF STAY (in this place): 3 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Belair
STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Daniel Billings
4. DATE OF DEATH (Month) (Day) (Year): 6 - 26 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 10-13-51
9. AGE last birthday: 10-13 yrs. — If under 1 year: Months 8, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Dewitt Billings
14. MOTHER'S MAIDEN NAME: Esther Hawkins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs. Esther Billings

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Septicemia, cause undetermined

053.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) pending autopsy microscopic

(c) Cultures negative for meningococic or other organism. report

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at Work ☐ Not While At work ☐: HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 AM 6-26, 1952, to 1:15 pm 6-26, 1952, that I last saw the deceased alive on 6-26, 1952, and that death occurred at 1:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles J Foley MD — ADDRESS: 400 Union Hwy Havre de Grace — DATE SIGNED: 6-26-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: June 28 1952 — NAME OF CEMETERY OR CREMATORY: Bel-Air Cem — LOCATION (City, town, or county) (State): Harford Co. Md.

DATE REC'D BY LOCAL REG.: June 27, 52 — REGISTRAR'S SIGNATURE: A. L. Lewis M.D.
24. FUNERAL DIRECTOR: H. S. Bailey — ADDRESS: Darlington, Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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RECEIVED
JUL 1 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]469

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Rural - Rocks
LENGTH OF STAY (in this place) 2 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rocks, R.D.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) MARTHA (Middle) ANN (Last) BLACKBURN

4. DATE OF DEATH: (Month) June (Day) 2 (Year) 1952

5. SEX: Fem

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: 6/2/1874

9. AGE last birthday: 78 yrs.

IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work.

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): N.C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Douglas Blevins

14. MOTHER'S MAIDEN NAME: Ceeelia Parsons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs. Gus Edwards, Rocks, Md.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 30 min

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Chr. hypertensive Cardio-Vascular Dis.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 2, 1952, to June 2, 1952, that I last saw the deceased alive on June 2, 1952 and that death occurred at 6:50 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Willard P. Hudson, M.D. Forest Hill Md 6/4/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF June 5 1952
NAME OF CEMETERY OR CREMATORY Oak Grove
LOCATION (City, town, or county) (State) Bel Air R.D. Harford Md

DATE REC'D BY LOCAL REG. 6/7/52
REGISTRAR'S SIGNATURE Pmelle Forwood

24. FUNERAL DIRECTOR ADDRESS
Howard K. McComas & Son Aberdeen Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

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JUN 10 1952
BUREAU V. S.

06470

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2151 USAH Aberdeen Pr. Gr. Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) 43 Baldwin Manor

3. NAME OF DECEASED (Type or Print) (First) Stephen (Middle) H. (Last) Blasik
4. DATE OF DEATH (Month) June (Day) 29 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) S
8. DATE OF BIRTH 12 Apr 48
9. AGE last birthday 4 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child
10b. KIND OF BUSINESS OR INDUSTRY Child
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Stephen H. Blasik
14. MOTHER'S MAIDEN NAME Dorthy Radziwon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Stephen H. Blasik - Aberdeen Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia due to drowning — INTERVAL BETWEEN ONSET AND DEATH Unk

929.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ✓ (Specify) SUICIDE HOMICIDE
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Beach (CITY OR TOWN) Aberdeen (COUNTY) Harford (STATE) Md.
TIME OF INJURY (Month) June (Day) 29 (Year) 52 (Hour) ? m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Accidental drowning

22. I hereby certify that I attended the deceased from 29 Jun, 1952, to 29 Jun, 1952, that I last saw the deceased alive on ....., 19..., and that death occurred at 4:25 P m., from the causes and on the date stated above.

SIGNATURE Bernard Pepper (Degree or title) 1st Lt MC ADDRESS USAH APG, Md. DATE SIGNED 29 Jun 52

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 6/30/52
NAME OF CEMETERY OR CREMATORY Braddock Catholic cemetery
LOCATION (City, town, or county) Braddock (State) Penna
DATE REC'D BY LOCAL REG. June 30 52
REGISTRAR'S SIGNATURE Nellie K. Perry
24. FUNERAL DIRECTOR Henry Varring & Sons - Aberdeen Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 3 1952
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1

1. PLACE OF DEATH COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
LENGTH OF STAY (in this place) 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 39 Liberty St.

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) 39 Liberty St.

3. NAME OF DECEASED (Type or Print) (First) Rose (Middle) — (Last) Butler
4. DATE OF DEATH (Month) June (Day) 8 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jan. 22 1894
9. AGE last birthday 58 yrs. If under 1 year Months — Days — If under 24 hrs. Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Christian Conrad
14. MOTHER'S MAIDEN NAME Mary Zimmerman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Mr. Joseph Butler - 39 Liberty St. Aberdeen, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CANCER of Breast (with multiple metastases) — INTERVAL BETWEEN ONSET AND DEATH 2 years

170X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5.7. 1952, to 6.7. 1952, that I last saw the deceased alive on 6.7. 1952, and that death occurred at 6 30 P m., from the causes and on the date stated above.

SIGNATURE A. Sandecki (Degree or title) M.D. ADDRESS Aberdeen, Md DATE SIGNED 6.10.52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6-11-1952
NAME OF CEMETERY OR CREMATORY Lutherian Cem.
LOCATION (City, town, or county) Harford Co. (State) Md.

DATE REC'D BY LOCAL REG. June 1 - 1952
REGISTRAR'S SIGNATURE [illegible] Perry
24. FUNERAL DIRECTOR R. Madison Mitchell ADDRESS Havre de Grace Md.

JUN 12

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH: COUNTY Joppa Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) 32 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Joppa COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) Middleton (Last) Cadwalader
4. DATE OF DEATH (Month) June (Day) 27 (Year) 1952
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH AUG. 31, 1885
9. AGE last birthday 66 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY OWN HOME
11. BIRTHPLACE (State or foreign country) MD.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME BENJAMIN H. READ
14. MOTHER'S MAIDEN NAME ANNE CLELAND SMITH
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS T.F. CADWALADER SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	3 hours
443x Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardio-vascular disease	3 years
	(c) Hypernephroma, left kidney	2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 27, 1952, to ....., 19....., that I last saw the deceased alive on June 27, 1952, and that death occurred at 7 30 P. m., from the causes and on the date stated above.

SIGNATURE Charles Richardson Jr. (Degree or title) M.D. ADDRESS Bel Air, Md DATE SIGNED 6/27/52

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE 6 30-1952
NAME OF CEMETERY OR CREMATORY GREENMOUNT
LOCATION (City, town, or county) BALTO (State) MD.
DATE REC'D BY LOCAL REG. 6-28
REGISTRAR'S SIGNATURE LL
24. FUNERAL DIRECTOR H.W. JENKINS & SONS CO. ADDRESS 4305 YORK RD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Madonna — LENGTH OF STAY (in this place): 41 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: White Hall, rural
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Cora (Middle) Corrine (Last) Coe
4. DATE OF DEATH: (Month) June (Day) 13 (Year) 1952
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): ✓
8. DATE OF BIRTH: Aug 22, 1877
9. AGE last birthday: 74 yrs. — If under 1 year: Months 9, Days 21 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Harford Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James Monroe Tracey
14. MOTHER'S MAIDEN NAME: Lyda Ella Fletcher
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Howard E. Coe, White Hall, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Failure — 2 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive - arterio sclerotic Heart Disease — 10 years

(c) Diabetes Mellitus — 10 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/25, 1951, to 6/13/, 1952, that I last saw the deceased alive on 6/12/, 1952, and that death occurred at 7A m., from the causes and on the date stated above.

SIGNATURE: S. James Thomison Jr. (Degree or title) — ADDRESS: Jarrettsville, Md — DATE SIGNED: 6/14/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: June 15, 1952 — NAME OF CEMETERY OR CREMATORY: Jarrettsville — LOCATION (City, town, or county): Jarrettsville, Harford (State) Md

DATE REC'D BY LOCAL REG.: 6/14/52 — REGISTRAR'S SIGNATURE: Priscilla Lowood — 24. FUNERAL DIRECTOR: Martin G. Kurtz, Jarrettsville, Md. — ADDRESS

VS. A15

RECEIVED
JUN 10 1952
BUREAU V. S.

(OVER)

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 18

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryman
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryman
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) (First) Carrie (Middle) V. (Last) Dorsey
4. DATE OF DEATH (Month) 6 (Day) 7 (Year) 1952
5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Dec. 20. 1919
9. AGE last birthday 33 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Private Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME Henry P. Dorsey
14. MOTHER'S MAIDEN NAME Annie Reed
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Daniel W. Dorsey - Perryman Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning

8 8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Church Creek
(CITY OR TOWN) (COUNTY) (STATE) Perryman, Rural, Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 6-7-52 m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Fell from boat while intoxicated. (Dr. Med. Exam. 6-16-52 ...)

22. *I certify that I took charge of the remains described above, held an Autopsy* X, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* X.

SIGNATURE William V. Lovett MD (Degree or title) Asst. Medical Examiner ADDRESS DATE SIGNED 6-8-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 13-1952
NAME OF CEMETERY OR CREMATORY Union M.E. Cemetery
LOCATION (City, town, or county) (State) aberdeen maryland
DATE REC'D BY LOCAL REG. June 13-1952
REGISTRAR'S SIGNATURE Willie [illegible] Perry
24. FUNERAL DIRECTOR Henry Torring & Sons - ADDRESS aberdeen maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Age queried. See F lmG144 6/27/52 whw

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JUN 13 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryman; HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural. MARYLAND; LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryman; STREET ADDRESS (If rural, give location) Rural.

3. NAME OF DECEASED (Type or Print): (First) Gladys (Middle) T. (Last) Dorsey

4. DATE OF DEATH: (Month) 6 (Day) 7 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Jan. 21st 1917

9. AGE last birthday: 35 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Worker

10b. KIND OF BUSINESS OR INDUSTRY: Private Home.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Dorsey

14. MOTHER'S MAIDEN NAME: Aurnia Read

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Daniel W. Dorsey - Perryman Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

E50.8

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) Gunpowder Creek (CITY OR TOWN) Perryman, (COUNTY) Rural, (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) 6-7-52 m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? Fell from boat while intoxicated.

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William V. Lovett MD Asst Medical Examiner 6-8-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF June 13-1952 | NAME OF CEMETERY OR CREMATORY Union M.E. Cemetery | LOCATION (City, town, or county) Aberdeen (State) Maryland.

DATE REC'D BY LOCAL REG. June 13-1952 | REGISTRAR'S SIGNATURE Ellis L. Perry

24. FUNERAL DIRECTOR Henry Harding and Sons ADDRESS Aberdeen Maryland.

RECEIVED
JUN 13 19
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood Rural
LENGTH OF STAY (in this place) 8 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Green (Middle) - (Last) Dotson
4. DATE OF DEATH (Month) June, (Day) 28 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH 1/4/ 1867
9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman
10b. KIND OF BUSINESS OR INDUSTRY Lumber Mill
11. BIRTHPLACE (State or foreign country) Kentucky
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME George Dotson
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. -
17. INFORMANT AND ADDRESS Meshock Meadows, Edgewood, Md.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic C-V Disease — 10 yrs

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1952, to June, 1952, that I last saw the deceased alive on June 28, 1952, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE J. Ralph Harley (Degree or title) ADDRESS Churchville Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 1, 1952
NAME OF CEMETERY OR CREMATORY Cokesbury
LOCATION (City, town, or county) Abingdon Harford Md (State)

DATE REC'D BY LOCAL REG. July 1 1952
REGISTRAR'S SIGNATURE Marie M Mondsdale
24. FUNERAL DIRECTOR Howard K. McCormick & Son ADDRESS Abingdon Md

COPY SENT TO LOCAL CHAMBER OF COMMERCE CHO DATE 1-7-53

RECEIVED
1-7
BUREAU V. S.

78

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 180

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Harford; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL EDGEWOOD
LENGTH OF STAY (in this place): 33 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edgewood
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) LEONARD (Last) EVANS

4. DATE OF DEATH: (Month) JUNE (Day) 1 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 13, 1888

9. AGE last birthday: 63 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Henry Evans

14. MOTHER'S MAIDEN NAME: Lillian May Mead

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown): No

16. SOCIAL SECURITY NO.: 717-07-5682

17. INFORMANT: Mrs. Augusta Evans, Edgewood Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CONGESTIVE HEART FAILURE — 5 1/2 YEARS

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) (COUNTY) (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from AUG., 1947, to 6/1, 1952, that I last saw the deceased alive on 5/31, 1952, and that death occurred at 11:20 A.m., from the causes and on the date stated above.

SIGNATURE: C W Stewart Jr. M.D. (Degree or title) ADDRESS: EDGEWOOD, MD. DATE SIGNED: 6/1/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 6/3/52

NAME OF CEMETERY OR CREMATORY: Bel Air Memorial Gardens

LOCATION (City, town, or county) (State): Bel Air, Harford, Md.

DATE REC'D BY LOCAL REG.: 6/3, 1952

REGISTRAR'S SIGNATURE: Mame M Monsdale

24. FUNERAL DIRECTOR: Howard R. McCown & Son

ADDRESS: Abingdon Md

VS. A15

RECEIVED
JUN 5 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE de Grace
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Abingdon
STREET [redacted] (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Harlen (Middle) (Last) HARRIS SR.
4. DATE OF DEATH (Month) June (Day) 29 (Year) 1952

5. SEX MALE
6. COLOR OR RACE NEGRO
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 6-29-52
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours 11 Min. 50

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NEWBORN
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Harlen Harris
14. MOTHER'S MAIDEN NAME Georgianna Cromwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS above - (mother)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) RESPIRATORY FAILURE

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CEREBRAL ANOXIA AND PULMONARY ATELECTASIS

(c) MATERNAL HEMORRHAGE - PLACENTA PRAEVIA

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PREMATURITY - (30-32 WEEKS)

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29 June, 1952, to 29 June, 1952, that I last saw the deceased alive on 29 June, 1952, and that death occurred at 3:45 p m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M. D. ADDRESS Havre de Grace DATE SIGNED 6-29-52

23. BURIAL, CREMATION REMOVAL (Specify) Buried
DATE THEREOF July 1, 1952
NAME OF CEMETERY OR CREMATORY John Wesley Cemetery
LOCATION (City, town, or county) Abingdon (State) Md.

DATE REC'D BY LOCAL REG. July 1 - 1952
REGISTRAR'S SIGNATURE A. L. Lewis M. D.
24. FUNERAL DIRECTOR Elmer E Bullock - Havre de Grace, Md ADDRESS

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: pl[redacted] write the causes of death clearly [redacted]d legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 3 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: HARFORD — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: DARLINGTON
LENGTH OF STAY (in this place): 12 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND — COUNTY: HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: DARLINGTON
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) LENA (Middle) SOPHIA (Last) HARRY

4. DATE OF DEATH: (Month) JUNE (Day) 9 (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: JUNE 17, 1885

9. AGE last birthday: 66 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): HARFORD CO. MD.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOHN R. SMITH

14. MOTHER'S MAIDEN NAME: BLANCHE GORRELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: T. STANLEY HARRY, DARLINGTON, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) CORONARY THROMBOSIS — DUE TO
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Coronary Artery Disease — DUE TO
(c)

420.1

INTERVAL BETWEEN ONSET AND DEATH: June 2-52 ?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. OSTEO-ARTHRITIS — 25 yr.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1929, 19....., to June 9, 19 52, that I last saw the deceased alive on June 8, 19 52, and that death occurred at 1:00 P.M. from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
Willard P. Hudson, M.D. Forest Hill Md 6/10/52

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE THEREOF: JUNE 12, 1952 — NAME OF CEMETERY OR CREMATORY: DARLINGTON CEMETERY — LOCATION (City, town, or county) (State): DARLINGTON, MD.

DATE REC'D BY LOCAL REG. 6/11/52 — REGISTRAR'S SIGNATURE: Priscilla Fonwood

24. FUNERAL DIRECTOR — ADDRESS: Hubert P. Watkins Delta, Pa.

RECEIVED
JUN 16 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) Edmund St. Extended.

3. NAME OF DECEASED (Type or Print): (First) HARRISON (Middle) HARVEY (Last)

4. DATE OF DEATH: (Month) June (Day) 7th (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 1st 1893

9. AGE last birthday: 59 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day Laborer

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt.

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Ned Harvey

14. MOTHER'S MAIDEN NAME: Nellie Thomas.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service) #1.

16. SOCIAL SECURITY NO.: #384

17. INFORMANT AND ADDRESS: Mrs Maggie L. Lowsar Aberdeen Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Heart disease — 1 day

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/6, 1952 to 6/7, 1952, that I last saw the deceased alive on 6/7, 1952 and that death occurred at 7:20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
George T. Stansbury M.D. — Havre de Grace Md. — 6/7/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: June 10/52 — NAME OF CEMETERY OR CREMATORY: Union M.E. Cemetery — LOCATION (City, town, or county) (State): Aberdeen Maryland.

DATE REC'D BY LOCAL REG.: June 9-1952 — REGISTRAR'S SIGNATURE: A.L. Lewis M.D. — 24. FUNERAL DIRECTOR — ADDRESS: Henry Tarring and Sons. Aberdeen Maryland.

RECEIVED
JUN 11 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryman — LENGTH OF STAY (in this place) 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryman
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Franklin (Middle) Fisher (Last) Holloway
4. DATE OF DEATH: (Month) June (Day) 18th (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: June 19th 1872
9. AGE last birthday: 80 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer - Self employed
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles L. Holloway
14. MOTHER'S MAIDEN NAME: Catherine Gallup.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Howard F. Holloway - aberdeen md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis 402.3

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 19 52, to June 18, 19 52, that I last saw the deceased alive on June 17, 19 52, and that death occurred at 1 m., from the causes and on the date stated above.

SIGNATURE: H. F. Holloway (Degree or title) ADDRESS Aberdeen Md DATE SIGNED 6/19/52

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial | DATE THEREOF June 21st | NAME OF CEMETERY OR CREMATORY: Presentia Cemetery | LOCATION (City, town, or county) (State): Perryman Maryland

DATE RECEIVED BY LOCAL REG.: June 20-52 | REGISTRAR'S SIGNATURE: Ellen K. Perry | 24. FUNERAL DIRECTOR: Henry Harris & Sons | ADDRESS: Aberdeen Maryland.

RECEIVED
JUN 23 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2151-1 U.S. Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harve de Grace
STREET ADDRESS (If rural, give location) Swan Harbor Trailer Court

3. NAME OF DECEASED (Type or Print) (First) Guy (Middle) HENRY (Last) HORSCH
4. DATE OF DEATH (Month) June (Day) 29 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH June 29, 1952
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours Min. 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child
10b. KIND OF BUSINESS OR INDUSTRY Child.
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? Yes
13. FATHER'S NAME Walter Horsch
14. MOTHER'S MAIDEN NAME Marilyn J. Bailey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mother Swan Harbor Trailer Court

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

77

Immediate cause (a) Erythroblastosis fetalis — INTERVAL BETWEEN ONSET AND DEATH 2 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
— (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29 June, 1952, to 29 June, 1952, that I last saw the deceased alive on 29 June, 1952, and that death occurred at 1235 P.m., from the causes and on the date stated above.

SIGNATURE E D Brock Jr. Capt, MC (Degree or title) ADDRESS USAH, APG, Md DATE SIGNED 29 June 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 2, 1952
NAME OF CEMETERY OR CREMATORY Post Cemetery
LOCATION (City, town, or county) (State) Aberdeen Maryland

DATE REC'D BY LOCAL REG. July - 1952
REGISTRAR'S SIGNATURE Nellie J. Perry
24. FUNERAL DIRECTOR Henry Tarring & Sons ADDRESS Aberdeen Maryland

52207405

RECEIVED
JUL 3 1952
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

184

Reg. Dist. No. 181

M C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
LENGTH OF STAY in this place 8 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) Washington Street

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) P. (Last) Kelly

4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 17 - 1952

9. AGE last birthday: — yrs. If under 1 year: Months — Days 8 If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harrison W. Kelly

14. MOTHER'S MAIDEN NAME: Hazel Mae Branch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) —

16. SOCIAL SECURITY No. —

17. INFORMANT AND ADDRESS: Harrison W. Kelly - Aberdeen Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Oedema	1 day
7640 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Enteritis Enteritis	2 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none — 19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 17, 1952, to June 26, 1952, that I last saw the deceased alive on June 26, 1952 and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE: Emi Wolbert (Degree or title) M.D. ADDRESS Havre de Grace Md DATE SIGNED 6/28/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: June 27-1952 — NAME OF CEMETERY OR CREMATORY: Mt. Calvary Cemetery — LOCATION (City, town, or county) (State): Aberdeen Maryland

DATE REC'D BY LOCAL REG.: June 27 - 1952 — REGISTRAR'S SIGNATURE: Nellie R. Perry

24. FUNERAL DIRECTOR: Henry Harris and Sons - Aberdeen — ADDRESS: Maryland.

RECEIVED
JUN 30 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Herman (Middle) H (Last) Lantz

4. DATE OF DEATH (Month) June (Day) 6 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 2/22/1891
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman, Retired
10b. KIND OF BUSINESS OR INDUSTRY U.S. Govt.,
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Frederick Lantz
14. MOTHER'S MAIDEN NAME Lucy Hansen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Harry Gorrell, Bel Air Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of the lung ill in 3 months

163X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour)
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1952, to June 6, 1952, that I last saw the deceased alive on June 6, 1952, and that death occurred at 1:55 p.m., from the causes and on the date stated above.

SIGNATURE Fred P Hodous (Degree or title) M.D. ADDRESS Edgewood Md DATE SIGNED 6-6-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/10/1952
NAME OF CEMETERY OR CREMATORY Trinity Lutheran
LOCATION (City, town, or county) (State) Joppa, Harford, Md.,

DATE REC'D BY LOCAL REG. 6/10/1952
REGISTRAR'S SIGNATURE Marie M Monlsdau
24. FUNERAL DIRECTOR Howard K. McCormick Son ADDRESS Abingdon Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 13 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air Rural
LENGTH OF STAY (in this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air Md (Rural)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Everett (Middle) L (Last) Miller

4. DATE OF DEATH (Month) June (Day) 13 (Year) 1952

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH Mar 6/1896
9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welder
10b. KIND OF BUSINESS OR INDUSTRY Self Employed
11. BIRTHPLACE (State or foreign country) Monmouth Minn.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Geo Miller
14. MOTHER'S MAIDEN NAME Tilly Stones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 1st World War
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Pline W. Miller Bel Air Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection X Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gerald C Palmer MD Deputy Medical Examiner Harford Co. Bel Air Md. 6/13/52

23. BURIAL, CREMATION OR MOVAL (Specify) Burial
DATE THEREOF June 16/52
NAME OF CEMETERY OR CREMATORY Bel Air Memorial
LOCATION (City, town, or county) Bel Air Harford Co (State) Md

DATE REC'D BY LOCAL REG. 6/14/52
REGISTRAR'S SIGNATURE Priscilla Lowood
24. FUNERAL DIRECTOR Joseph T. Foster Bel Air Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 17 195
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) OR TOWN: Bel Air Rural
LENGTH OF STAY (in this place): 35 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Air. Rural
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First) Eva (Middle) Jane (Last) Norris

4. DATE OF DEATH: (Month) June (Day) 24 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	W	July 30 1869	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Home Wife		Delta Pa	U S

13. FATHER'S NAME: Joshua Cooper

14. MOTHER'S MAIDEN NAME: Kazia Stewart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		3708 Chestnut Ave Baltimore (11) Md Bertha Jones

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis
420.1
DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
Chas Richardson Jr M.D. Asst Coroner / Harford County — 6/24/52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 26/52	Slateville Pa	Delta Pa

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/25/52	Priscilla Foxwood	Jos T Smith	Bel Air, Md

RECEIVED
JUN 27 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH — COUNTY: HARFORD — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Joppa RURAL — LENGTH OF STAY (in this place): 23 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Joppa R.D.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) FREDERICK (Middle) ROBERT (Last) PIERCE
4. DATE OF DEATH: (Month) JUNE (Day) 27 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 26, 1886
9. AGE last birthday: 65 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Micheal Pierce
14. MOTHER'S MAIDEN NAME: Rebecca Blakley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 105-10-2139
17. INFORMANT: Catherine Pierce — Joppa Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CEREBRAL THROMBOSIS — 4 YEARS

Antecedent cause(s) (b) GENERALIZED ARTERIOSCLEROSIS

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from MAY, 1949, to JUNE 27, 1952, that I last saw the deceased alive on 6/27, 1952, and that death occurred at 3:25 P.m., from the causes and on the date stated above.

SIGNATURE: C W Stewart Jr. (Degree or title), M.D. — ADDRESS: EDGEWOOD, MD. — DATE SIGNED: 6/27/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: June 30, 1952 — NAME OF CEMETERY OR CREMATORY: Trinity Lutheran — LOCATION (City, town, or county): Joppa Harford — (State): Md

DATE REC'D BY LOCAL REG.: June 30/1952 — REGISTRAR'S SIGNATURE: Marie M. Monlsdale

24. FUNERAL DIRECTOR: Howard R. McCormack & Son — ADDRESS: Abingdon, Md.

RECEIVED
JUL 2 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A-15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 3 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Level
STREET ADDRESS (If rural, give location) Near Havre de Grace, Md.

3. NAME OF DECEASED (Type or Print): (First) Edwin (Middle) Wiley (Last) Powers.

4. DATE OF DEATH: (Month) 6/25/52 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 5/4/1915

9. AGE last birthday: 37 yrs. If under 1 year: Months 1, Days 21. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Boat Engineers U.S. Army

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Powers

14. MOTHER'S MAIDEN NAME: E. Ball

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Mrs. Mary Powers (wife) Level, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Drowning, accidental

Antecedent cause(s) 929.9

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) June (Day) 25 (Year) 1952 (Hour) 2:50 m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Witnesses say he drowned suddenly while swimming

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 2:50 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles Richardson Jr. M.D. ADDRESS Bel Air, Md. DATE SIGNED 6/28/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 6/30/52 — NAME OF CEMETERY OR CREMATORY Rest Lawn — LOCATION (City, town, or county) West Jefferson, N.C. (State)

DATE REC'D BY LOCAL REG. June 28-1952 — REGISTRAR'S SIGNATURE A. L. Lewis M.D.

24. FUNERAL DIRECTOR — ADDRESS Pennington & Son Havre de Grace

RECEIVED
JUL 1 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 18 b

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Kizah (Middle) (Last) Kizah Presberry

4. DATE OF DEATH: (Month) (Day) (Year) June 15 1952

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Sept 6, 1887
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Harford Co, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Rachel Presberry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: 213-30-9753
17. INFORMANT & ADDRESS: Edward Presberry

18. MEDICAL CERTIFICATION Darlington, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Heart Failure	2 yrs.
444 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	
	DUE TO (c) Hypertensive Cardio-renal disease	8 yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/12, 1951, to 6/15, 1952, that I last saw the deceased alive on 6/14, 1952, and that death occurred at 11:45 a.m., from the causes and on the date stated above.

SIGNATURE George T. Stansbury, M.D. (DEGREE OR TITLE) ADDRESS Havre de Grace, Md. DATE SIGNED 6/15/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF June 18 1952
NAME OF CEMETERY OR CREMATORY Hosanna Cem
LOCATION (City, town, or county) Harford Co, Md (State)

DATE REC'D BY LOCAL REG. June 15, 1952
REGISTRAR'S SIGNATURE C. V. Kirk
24. FUNERAL DIRECTOR H. S. Bailey ADDRESS Darlington, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

I

RECEIVED
JUN 30 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 180

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Magnolia
LENGTH OF STAY (in this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Magnolia
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Raymond (Middle) (Last) Raisin
4. DATE OF DEATH (Month) June (Day) 2 (Year) 1952
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH — 1896
9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer,
10b. KIND OF BUSINESS OR INDUSTRY U.S. Govt.,
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Alonza Raisin
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 222-05-0045
17. INFORMANT AND ADDRESS Mrs Helen Raisin Freehold N.J.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriosclerotic CV Disease	—
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus 10 yrs; Epilepsy, idiopathic 10 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Gerald C Palmer M.D. Deputy Medical Examiner Harford Co. Bel Air Md. 6/2/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June, 7, 1952
NAME OF CEMETERY OR CREMATORY John Wesley
LOCATION (City, town, or county) (State) Magnolia, Harford, Md.
DATE REC'D BY LOCAL REG. June 7, 1952
REGISTRAR'S SIGNATURE Marie M. Monladale
24. FUNERAL DIRECTOR Howard K. McComas & Son ADDRESS Abingdon Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

222-05-0045

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JUN 10 1952
BUREAU V. S.

ITEMS 3, 15: film G143 June 24 1952 L
Item 21e:Film G144 7-2-52 ams

06492

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 185-

1. PLACE OF DEATH: COUNTY Harford Md. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 40 Susquehanna River Bridge
LENGTH OF STAY (in this place) 1 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Jefferson L.I. N.Y.
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Clark (Middle) Welson (Last) Ramstead
4. DATE OF DEATH (Month) June (Day) 2 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Sept. 3-1924
9. AGE last birthday 27 yrs. If under 1 year Months 8 Days 29 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Junior Geologist
10b. KIND OF BUSINESS OR INDUSTRY Mining
11. BIRTHPLACE (State or foreign country) New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Frederick Ramstead
14. MOTHER'S MAIDEN NAME Agnes Tingley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Unknown (If yes, give war or dates of service) NAVY WORLD WAR II
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS Mrs Elsie Green 1839 Tomlinson Ave. N.Y.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Crushing Injury Chest

816.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH —

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) US Route 40 (CITY OR TOWN) Havre de Grace (COUNTY) Harford (STATE) Md
TIME OF INJURY (Month) 6 (Day) 2 (Year) 52 (Hour) 11 30 A m.
INJURY OCCURRED While at work ☒ Not while at work ☒
HOW DID INJURY OCCUR? Auto accident, Auto-auto type

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE Lewis C Palmer M D (Degree or title) Deputy Medical Examiner ADDRESS Harford Co. Bel Air Md DATE SIGNED 6/25/52

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 6/3/52
NAME OF CEMETERY OR CREMATORY Unknown
LOCATION (City, town, or county) Port Jefferson L.I. N.Y. (State)
DATE REC'D BY LOCAL REG. June 3-1952
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR Cunningham & Son, Havre de Grace Md. ADDRESS

VS. A15A

letter to Dr. Hayman. ... for ... for ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUN 6 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Forest Hill
LENGTH OF STAY (in this place): 78
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Harford
CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN: Forest Hill
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) EVA (Middle) O. (Last) SCARBOROUGH

4. DATE OF DEATH: (Month) June (Day) 11 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid.

8. DATE OF BIRTH: July 7, 1873

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months 11 Days 4 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home maker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Tucker

14. MOTHER'S MAIDEN NAME: Margaret Grafton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Samuel Allen, Forest Hill, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CEREBRAL HEMORRHAGE	June 5-52
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Cerebral Arterio-Sclerosis DUE TO	?
	(c) Gen. Arteriosclerosis; Ch. Cardio-Vascular Disease? DUE TO	

33/X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1946, to June 11, 1952, that I last saw the deceased alive on June 11, 1952, and that death occurred at 8:00 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS: Willard P. Hudson M.D Forest Hill, Md

DATE SIGNED: 6/11/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: June 13, 1952

NAME OF CEMETERY OR CREMATORY: Centre

LOCATION (City, town, or county) (State): Forest Hill, Harford Co. Md

DATE REC'D BY LOCAL REG.: 6/12/52

REGISTRAR'S SIGNATURE: Priscilla Brown

24. FUNERAL DIRECTOR ADDRESS: Martin H. Kurtz, Jarrettsville, Md.

RECEIVED
JUN 17 1952
BUREAU N. S.

14

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:

County HARFORD

City or town RURAL EDGEWOOD
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 YEARS

Hospital, institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State MARYLAND County HARFORD

City or town RURAL Edgewood
(If outside city or town limits, write RURAL and give nearest town)

Street No. WILLOUGHEY BEACH
(If rural, give LOCATION)

2.(a) If veteran, name war .....

3. (a) FULL NAME FRANCIS LEONARD TIGHE

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: MARRIED

6.(b) Name of husband or wife: GLADYS JONES TIGHE

6.(c) If alive give age ..... years

7. Birth date of deceased (mo., day, yr.) AUGUST 6, 1897

8. AGE: Years 54 | Months | Days | If less than one day ..... hrs ..... min.

9. Birthplace BALTIMORE
(Town, county, and state)

10. Usual occupation ELECTRICIAN

11. Industry or business BEACH ELEC. CO. NEWARK NJ

FATHER

12. Name FRANK TIGHE

13. Birthplace BALTIMORE

MOTHER

14. Maiden name ANNIE M. SWEENEY

15. Birthplace IRELAND

16. Informant MRS. GLADYS TIGHE

Address WILLOUGHEY BEACH

17. BURIAL (Burial, cremation, or removal, Which?) Date thereof JUNE 18, 1952 (month) (day) (year)

Cemetery or crematory CATHEDRAL

Location BALTIMORE

18. Funeral director RITA WIEDEFELD

Address 900 E. BIDDLE ST.

19. 6/16 1952 (Date rec'd by registrar) W W Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/15 1952, at 2:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/3 1952 to 6/15 1952 and that I last saw h. I M alive on 5/2 1952

Immediate cause of death CORONARY OCCLUSION

Due to CORONARY ARTERIOSCLEROSIS

Due to

Other conditions MYOCARDIAL DAMAGE PULMONARY FIBROSIS
(Include pregnancy within 3 months of death)

DURATION: 3 MOS. 12 DAYS OF MILD SYMPTOMS. ATTACK ON 6/15/52 KILLED INSTANTLY

Major findings of operations —

Date of op —

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE C W Stewart Jr. M.D. M. D. or other

Address EDGEWOOD MD. Date signed 6/15/52

VS A15 9-45 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air Rural
LENGTH OF STAY (in this place) 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Wade (Middle) Ray (Last) Tucker

4. DATE OF DEATH: (Month) June (Day) 23 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: May 7 1900

9. AGE last birthday: 52 yrs.

IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mason

10b. KIND OF BUSINESS OR INDUSTRY: Brick Employed

11. BIRTHPLACE (State or foreign country): Va

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James A Tucker

14. MOTHER'S MAIDEN NAME: Senia A Henderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-05-3881

17. INFORMANT & ADDRESS: Mrs Virginia L.S. Tucker Bel Air, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Respiratory failure	
260X	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Bronchial asthma, chronic	10 Years
	DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Chas Richardson Jr M D Asst Coroner Harford County 6/24/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF June 26/52

NAME OF CEMETERY OR CREMATORY Bel Air Memorial Gardens

LOCATION (City, town, or county) (State) Bel Air Harford Md

DATE REC'D BY LOCAL REG. 6/25/52

REGISTRAR'S SIGNATURE Priscilla Fouvord

24. FUNERAL DIRECTOR ADDRESS

Joseph T Foster Bel Air Md

RECEIVED
JUN 27 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185 — 10346

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air
STREET ADDRESS (If rural, give location) RD # 1 Box 162

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Girl (Last) Tyler
4. DATE OF DEATH: (Month) June (Day) 18 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	negro	single	June 18 1952	yrs.			1	50

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Leroy Hall
14. MOTHER'S MAIDEN NAME: Esther O. Tyler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Hosp. records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity

776 K Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 18, 1952, to June 18, 1952, that I last saw the deceased alive on June 18, 1952, and that death occurred at 8 45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Donald W. MacLennon MD — Harford Mem. Hosp. — 6/18/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 20 June 52
NAME OF CEMETERY OR CREMATORY: Clarks Chapel Cemetery
LOCATION (City, town, or county) (State): Kalmia, Md.

DATE REC'D BY LOCAL REG.: June 20 - 1952
REGISTRAR'S SIGNATURE: A. L. Lewis M.D.
24. FUNERAL DIRECTOR — ADDRESS: Jos. L. Foster, Bel Air, Md.

20621 4 1200

RECEIVED
JUN 23 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY HARFORD; STATE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) A.P.G.; LENGTH OF STAY (in this place) 30 HRS.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 2151-1 USAH APG MD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY HARFORD; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) A.P.G.; STREET ADDRESS (If rural, give location) 2151-1 USAH APG, MD.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Henry (Last) WETTLAUFER

4. DATE OF DEATH: (Month) 6 (Day) 30 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): SINGLE

8. DATE OF BIRTH: 29 JUNE 52

9. AGE last birthday: / yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME: DONALD E. WETTLAUFER

14. MOTHER'S MAIDEN NAME: NELL NORWOOD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: FATHER - QTRS 268-D A.C.C., MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Respiratory failure — Interval between onset and death: 30 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) due to prematurity

7764 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) — (Day) — (Year) — (Hour) — m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 29 June, 19 52, to 30 June, 19 52, that I last saw the deceased alive on 30 June, 19 52, and that death occurred at 6:20 P m., from the causes and on the date stated above.

SIGNATURE: L. D. Brockley (Degree or title) Capt MC ADDRESS USAH, APG Md DATE SIGNED 30 June 52

23. BURIAL, CREMATION / REMOVAL (Specify): Removal — DATE THEREOF July 1st 1952 — NAME OF CEMETERY OR CREMATORY Detroit Michigan — LOCATION (City, town, or county) (State) Detroit Michigan

DATE REC'D BY LOCAL REG. July 1 - 1952 — REGISTRAR'S SIGNATURE Nellie R. Berry — 24. FUNERAL DIRECTOR Henry Tarring & Sons — ADDRESS Aberdeen Maryland.

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RECEIVED
JUL 3 1952
BUREAU U. S.